

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08438

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

Howard
SprudgeCounty.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Peter Coopers

4. Sex

m

5. Color or race

w

8.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Caroline Coopers

7. Birth date of deceased (mo., day, yr.)

July 24, 1894

(b) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

54

1

3

hrs. min.

9. Birthplace

Lansing Mich.

(Town, county, and state)

10. Usual occupation

Tool maker

11. Industry or business

Auto

12. Name

John Coopers

13. Birthplace

Mich

14. Maiden name

Martha M'Court

15. Birthplace

Mich

16. Informant

Mrs. Caroline Coopers

Address

118 N Clemens Ave Lansing Mich

17. Burial

Date thereof 9-1-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Mt Rose

Location

Lansing Mich

18. Funeral director

T.C. Wignabothorn

Address

Ellcott City Md

19. Aug 28 1948 (Miss)

(Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Michigan County Long Beach

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No. 118 N Clemens Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

380-05-4337

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 27 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 27 1948 to August 27 1948

and that I last saw him alive on at no time

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEFINITIVE MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address

Alpha W Herbert MD Date signed 8/27/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

08430

1. PLACE OF DEATH:

County

Howard

City or town

Elmridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 yrs

Hospital, institution, or street address where death occurred:

6601 old Wash Blvd

How long in hospital or institution?

3. (a) FULL NAME

Virginia Theresa Doyle

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

white

Married

6.(b) Name of husband or wife

Thomas J. Doyle

7. Birth date of deceased (mo., day, yr.)

B.C. If alive, give age

50 years

June 23 - 1900

8. AGE:

Years

Months

Days

If less than one day

48

1

24

hrs.

min.

9. Birthplace

Frederick MD

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Housewife

MOTHER

12. Name

Josie & Cred

13. Birthplace

Frederick MD

14. Maiden name

Wilhelmina Polley

15. Birthplace

Frederick MD

16. Informant

Thomas J. Doyle

Address

6601 old Wash Blvd Elk

17. Burial

Date thereof August 20, 1948

(Burial, cremation, or removal. Which?)

(Month) (day) (year)

Cemetery or crematory

Baltimore National

Location

Baltimore, Md.

18. Funeral director

Thomas W. SINGLETON

Address

Glen Burnie, Md.

19. Aug 19 48 (Date read by registrar)

19 48 (Date signed)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Howard

City or town

Elmridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

6601 old Wash Blvd

(If rural, give LOCATION)

2.(a) If veteran, name war

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Aug 16 1948 at 11:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 1948 to Aug 16 1948

and that I last saw h.s. alive on Aug 16 1948

Immediate cause of death

apoplexy

Due to

major cerebral

Due to

cerebral hemorrhage

Other conditions

general anesthesia

DURATION

100

2 hrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

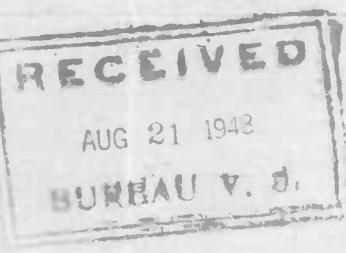
23. SIGNATURE

B.B. Brumard

M. D. or other

Name Elmridge Md Aug 16 1948

Address Date signed



08446

CERTIFICATE OF DEATH

Reg. Dist. No.

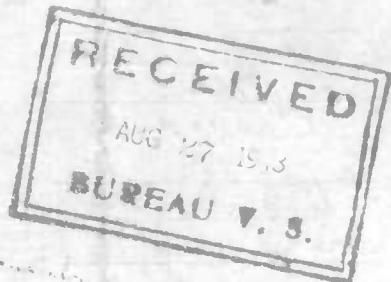
195

PLAINLY, WITH UNFADING NK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?..... Hospital, institution, or street address where death occurred:			Street No. (If rural, give LOCATION)		
How long in hospital or institution?.....			2.(a) If veteran, name war.....		
3.(a) FULL NAME Nancy V. Foster			3. (b) Social Security Number		
4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married			MEDICAL CERTIFICATION		
6.(b) Name of husband or wife..... Mr.			2D. DATE OF DEATH..... Aug - 23 19. 48 at 3:20		
7. Birth date of deceased (mo., day, yr.) JAN. 6, 1874			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 19. 48 , to Aug. 23 19. 48 , and that I last saw her alive on Aug. 23 19. 48 .		
8. AGE: Years 74 Months 7 Days 17 If less than one day hrs. min.			Immediate cause of death Endocarditis, dry gangrene		
9. Birthplace Rileyville, Virginia (Town, county, and state)			DURATION 4		
10. Usual occupation House Wife			Due to Septicemia - O'Brien		
11. Industry or business			Due to.....		
12. Name Jacob Kibler			Other conditions.....		
13. Birthplace Rileyville, Va			(Include pregnancy within 8 months of death)		
14. Maiden name Amanda Richard			Major findings or operations..... Date of op.		
15. Birthplace Rileyville, Va			Autopsy results.....		
16. Informant Mrs. Amanda Redmiles			PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address North Laurel, Md.			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of.....		
17. Burial Burial Date thereof Aug. 25 1948 (Burial, cremation, or removal. Which?) Date (month) (day) (year)			Where did injury occur? (City or town) (County) (State)		
Cemetery or crematory Mount Olive			Injured at home, farm, industry, public place (where?)		
Location Hayfield, Virginia			Means of injury Injured at work?		
18. Funeral director Dixie			23. SIGNATURE M. B. Farmer M. D. or other Frank Shryley		
Address Winchester, Virginia			Date signed 8/23/48		
19. (Date rec'd by registrar) 8/24/48			Address Lane one		

1948-8-23
74-7-17
1894-1-06



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08441

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County... HowardCity or town... Waterloo

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... HowardCity or town... Waterloo (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME

William Albert Shiley4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Annie Shiley7. Birth date of deceased (mo., day, yr.) Sept 30 1880 6.(c) If alive, give age years8. AGE: Years 67 Months 10 Days 16 If less than one day hrs. min.9. Birthplace Ridgerville, Maryland
(Town, county, and state)10. Usual occupation Stationary Engineer11. Industry or business Md. Hwy. of Corrections12. Name William A. Shiley13. Birthplace Gaston County, Maryland14. Maiden name Catherine Fowler15. Birthplace Hanoveria, Maryland16. Informant Mrs. Annie ShileyAddress Waterloo, Maryland17. Burial Date thereof Aug 18 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Headbridge CemeteryLocation Darby, Maryland18. Funeral director He Witt, DanvilleAddress Farm, Maryland19. 8/18/48 19 19
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 19 48 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/1/48 19 48 to 8/16 19 48and that I last saw him alive on 10Immediate cause of death CancerDURATION 4 yrsDue to /Due to /Other conditions /

(Include pregnancy within 3 months of death)

Major findings of operations / Date of op. /Autopsy results /

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE D. Shiley M. D. or other /Address Paradise Date signed 8/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08442

191

Reg. Dlat. No.

MARGIN RESERVED FOR BINDING
WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

Howard County
Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Toogood

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male c married

6. (b) Name of husband or wife

Lucy Toogood

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October 7, 1885

8. AGE:

Years

Months

Days

If less than one day

62

9

27

hrs.

min.

9. Birthplace

Howard Co., Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Charles Toogood

12. Name

Howard County, Md.

13. Birthplace

Sarah

14. Maiden name

Howard County, Md.

15. Birthplace

Lucy Toogood

16. Informant

2102 Church Ave.

Address

Burial

Date thereof Aug 6, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Lawyers Hill

Location

Wash Blvd.

16. Funeral director

Mrs. Katie R. Williams

Address

322 N. Schaeffer St.

17. Date rec'd by registrar

Aug 5 1948

(Date received by registrar)

A. M. Hirsch

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Inde Howard Co.

City or town

Elkridge

Street No.

2102 Church Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 3 1948

August 3 1948 to August 3 1948

and that I last saw him alive on at no time

Immediate cause of death

Pulmonary tuberculosis 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address

Elkridge, Md. Date signed Aug 4 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

08443

1. PLACE OF DEATH:

County Howard
 City or town Glenelg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) B. (c) If alive, give age years 1888

8. AGE: Years 60 Months Days If less than one day hrs. min.

9. Birthplace Maryland:
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

12. Name unknown

13. Birthplace "

14. Maiden name "

15. Birthplace "

16. Informant Joseph Emery

Address Glenelg Md
 Date thereof 8-26-1948
(Burial, cremation, or removal. Which?)

17. Burial Cemetery or crematory St. Stephens

Location Elsberry Rd.

18. Funeral director J. P. Higginbotham

Address Ellicott City Md

19. Aug 24, 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Glenelg
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 19, 1948 at 11A
 19. Aug 19, 1948 to Aug 19, 1948
 and that I last saw her alive on Aug 22, 1948 at 11A

Immediate cause of death

Coronary Occlusion DURATION 5 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Ellicott City Md Date signed Aug 24, 1948

